NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: August / 2015 MONTH / YEAR **NO. CSO DISCHARGES OCCURRED:**

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PERMIT NUMBER: IL0029831 NAME: CITY OF MATTOON WWTP **CERTIFIED MAIL EDMR CSO** ADDRESS: 820 S. 5TH PLACE **CITY:** MATTOON **STATE**: ILLINOIS **ZIP CODE:** 61938 **TELEPHONE:** (217) 234-6828 **CSO OUTFALLS THAT DISCHARGED:** RAIN **ESTIMATED ESTIMATED ESTIMATED EVENT DURATION AMOUNT OF DURATION** OF CSO **START OF EVENT RAINFALL OUTFALL OUTFALL DESCRIPTION:** DATE: (IN INCHES): **NUMBER: DISCHARGE** (IN **HOURS**): (IN HOURS): 08/07/15 0.99 N. RT. 45 ICRR DITCH TO RILEY 8 004 8 0.99 08/07/15 800 11th & HOWELL ASPHALT 1 08/20/15 7 0.60 004 N. RT. 45 ICRR DITCH TO RILEY 1

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALIY EXAMNED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY		DATE		
TIM GOVER	INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND 33 USC \$ 1319 (Penalties under		9	05	15
TYPED OR PRINTED	these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	МО	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.